

United States District Court District of New Mexico

Notice of Interest to Provide Psychiatric/Psychological Services (please type or print)

Name:	NM License No			
Mailing Address:				
Email:				
Phone:	Primary:		Other (Optional):	
	Fax:			
	Preferred Method of Communication?: O Phone O Fax O Email			
What languages, o	ther than English, do you spe	eak? Spanish	Other (specify):	
	need to be performed at the coorduct the evaluations.	letention facilities. I	Please mark the facilities you are willing to	
□ CCA Es	stancia (Torrence County Detent	tion Center) Estancia	NM	
<u>—</u>	al County Jail, Bernalillo, NM	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
<u>=</u>	e Juvenile Center, Santa Fe, NM	1		
<u> </u>	n County Detention Center, Far			
<u>=</u>	na County Detention Denter, La			
<u>=</u>	unty Detention Center, Lovingto	•		
<u> </u>	County Detention Center, Carri			
<u> </u>	ounty Detention Center, Deming	•		
<u>=</u>	ounty Detention Center, Chappa			
-	uire the evaluation reports to equirement? O Yes O No	be completed and re	eturned within thirty (30) days. Will you be	е
	urning this Notice of Interest you for purposes of scheduli		the US District Court for the District of Ne echological evaluations.	X
	Signature		Date	

Submit form to: U.S. District Court, District of New Mexico

Clerk's Office

Attention: Alonzo Medina

100 N. Church St., Las Cruces, 88001

An electronic (fillable) version of this form is available on our website at www.nmd.uscourts.gov